

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.



PLACE OF DEATH

County Monticau  
Township Berrie Ford  
City Andrew J Noel

Registration District No. 219  
Primary Registration District No. 5774B  
No. 5774

File No. 34167  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Andrew J Noel

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 7 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Genri  
(STATE OR COUNTRY)

10. NAME OF FATHER James Noel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Doit know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Milsey Vane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Doit know  
(STATE OR COUNTRY)

14. INFORMANT Mrs Robert Hill  
(Address) Russellville Mo R-1

15. FILED 11-17-1927 August L. Conner  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to Nov 14, 1927 that I last saw him alive on Oct 18, 1927 and that death occurred, on the date stated above, at 11 15 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis

1231 Doit know  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1231  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Doit know  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS:  
(Signed) C S Glover, M. D.  
11-17-1927 (Address) Russellville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Yarnell Cem DATE OF BURIAL Nov 17 1927

20. UNDERTAKER S N Stephens ADDRESS Russellville Mo

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AMERICAN  
SMA

EXCITELY

CAUSE OF DEATH IN THIS CASE SHOULD BE CAREFULLY STUDIED  
AND THE RESULTS REPORTED TO THE BUREAU OF HEALTH

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Moniteau  
Township Burns Fork  
City (No. ....) .....

Registration District No. 276  
Primary Registration District No. 2774

File No. ....  
Registered No. 26  
St. .... Ward

**2. FULL NAME**

Andrew J. Noel

(a) Residence. No. .... St., .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1-1839

7. AGE YEARS 88 MONTHS 7 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Tenn

**10. NAME OF FATHER**

James Roll

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Dont know

**12. MAIDEN NAME OF MOTHER**

Mildred Vane

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Dont know

**14.**

INFORMANT Mrs Robert Hill  
(Address) Russellville mo A-1

FILED Jan 11, 1928

W. H. Brink  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1927

17. I HEREBY CERTIFY that I attended deceased from Oct 12 1927 to Nov 14 1927 (that I last saw him alive on Oct 18, 1927 and that death occurred, on the date stated above, at 11:15 P.M.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic interstitial Nephritis

Dont know  
(duration) .... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. S. Glover, M. D.

, 19 (Address) Russellville mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Yarnell Cem.

Nov 17 1927

**20. UNDERTAKER**

**ADDRESS**

G. N. Stephens Russellville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

AGE should be stated EXACTLY. PHYSICIAN should state in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-34167